

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.	59	09-01-01
O.I.P.E. CLASSIFIER			9171
FORMALITY REVIEW	H.T.	1117	10/04/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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